UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/1995/67
25 May 1995

ORIGINAL: ENGLISH

Substantive session of 1995
Geneva, 26 June-28 July 1995
Item 9 (c) of the provisional
agenda*

COORDINATION QUESTIONS: MULTISECTORAL COLLABORATION ON TOBACCO OR HEALTH

Progress made in the implementation of multisectoral collaboration on tobacco or health

Report of the Secretary-General

CONTENTS

		Paragraphs	Page
I.	BACKGROUND	1 - 3	3
II.	FOLLOW-UP TO THE IMPLEMENTATION OF ECONOMIC AND SOCIAL COUNCIL RESOLUTIONS 1993/79 AND 1994/47	4 - 70	4
	A. Summary of exchanges of correspondence and direct contacts with ACC bodies and organizations and bodies of the United Nations system	6 - 20	4
	B. Summary of exchanges of correspondence and direct contacts with other intergovernmental organizations	21 - 24	9
	C. Summary of exchanges of correspondence and direct contacts with non-governmental organizations	25 - 39	10

* E/1995/100.

95-15691 (E) 070795 100795

/...

CONTENTS (continued)

		Paragraphs	Page
	D. Contacts with Member States	40 - 66	12
	E. Other replies from government bodies	67 - 70	19
III.	STATE OF IMPLEMENTATION AND CONCLUSIONS	71 - 79	20

Annexes

I.	List of organizations and bodies contacted	24
II.	An international strategy for tobacco control	25

I. BACKGROUND

1. The first substantive consideration of the problems of tobacco or health was undertaken by the Economic and Social Council in 1993. By its resolution 1993/79, the Council requested the Secretary-General to seek full collaboration of the United Nations organizations and agencies, as well as other international organizations, as appropriate, in contributing to the successful implementation of effective comprehensive strategies through multisectoral collaboration among international agencies. It also requested the Secretary-General to establish a focal point, within existing institutions of the United Nations system, for coordinating the multisectoral collaboration on the economic and social aspects of tobacco production and consumption, taking into particular account the serious health consequences of tobacco use. The Council suggested that the multisectoral collaboration coordinated through the United Nations system focal point seek to offer practical advice and assistance to Member States, at their request, on how they could implement or strengthen comprehensive national tobacco control strategies. The Council also requested the Secretary-General to ensure that each contributing agency, in consultation with concerned Member States, together with the focal point, develop individual plans of work, setting out deadlines on tobacco or health that would lead to a rapid reduction in the burden of disease and death caused by the tobacco pandemic, while giving due consideration to any economic adjustments that might arise from a reduction in the demand for tobacco products.

2. Given the mandate of the United Nations Conference on Trade and Development (UNCTAD) in the area of commodities and the need to examine the economic adjustments that countries may need to undertake in the follow-up to Council resolution 1993/79, a focal point within UNCTAD was designated to undertake the implementation of the resolution. At the end of 1993 the focal point became operational and communications were sent to all Administrative Committee on Coordination (ACC) member bodies and participants to seek their full collaboration in contributing comprehensive strategies in the area of tobacco or health through multisectoral collaboration among them. This was followed by communications sent to 31 relevant intergovernmental and 21 non-governmental organizations, as well as to 140 Member States. The results of these consultations were presented by the Secretary-General to the Economic and Social Council at its substantive session of 1994.

3. Having considered the report of the Secretary-General (E/1994/83), the Council adopted resolution 1994/47, in which it commended the Secretary-General for acting promptly to establish the focal point for coordinating multisectoral collaboration on tobacco or health. The Council requested the Secretary-General to ensure that the United Nations system focal point addressed effectively all the issues raised in its earlier resolution, including seeking voluntary technical and financial contributions in addition to existing resources to support the preparation and implementation of the proposed national plans of action, when requested. It further requested the Secretary-General to continue the process of consultations with international organizations and Member States, with a view to the development of national plans of action, when requested, for the implementation of the tobacco or health objectives of Council resolution 1993/79, taking into particular account the economic and social aspects of

tobacco production and consumption and the serious health consequences of tobacco use. Finally, the Council requested the Secretary-General to coordinate the implementation of World Health Assembly resolution WHA.46.8.

II. FOLLOW-UP TO THE IMPLEMENTATION OF ECONOMIC AND SOCIAL COUNCIL RESOLUTIONS 1993/79 AND 1994/47

4. Following the adoption of Economic and Social Council resolution 1994/47, the focal point sent letters to 139 Member States represented at the United Nations and other international organizations in Geneva briefing them on the most recent Council decision in the area and inviting their comments and suggestions on the activities envisaged under both resolutions. In the case of traditional donor countries, this included a reference to paragraphs 2 and 3 of Council resolution 1994/47 on support for the preparation and implementation of national plans of action mentioned in the two resolutions. This process triggered a large number of replies from Governments. In addition, starting in October 1994, the focal point sent communications to all United Nations agencies and other relevant intergovernmental and non-governmental organizations, with Economic and Social Council resolutions and the first report of the Secretary-General, also inviting them to send their comments and contributions relevant to the provisions of these resolutions, particularly with respect to paragraphs 2 and 3 of Council resolution 1994/47.

5. Given the issues raised by the resolutions on matters of health, education and welfare, the focal point expanded the scope of contacts to World Health Organization (WHO) regional offices, ministries of health, national committees of the United Nations Children's Fund (UNICEF) and ministries of education. Finally, in order to secure the maximum outreach to concerned organizations around the world, the focal point contacted the regional representatives of the International Union Against Cancer, and through them their national member organizations, which number approximately 200.

A. Summary of exchanges of correspondence and direct contacts with ACC bodies and organizations and bodies of the United Nations system

6. Since the adoption of Council resolution 1994/47, the focal point has intensified cooperation with all ACC bodies and organizations and bodies of the United Nations system. Thus it contacted by mail, facsimile and through other reminders some 36 United Nations agencies or bodies (see the list in annex I) and received replies or individual plans of work from 20 of those organizations. A number of organizations, namely the Economic Commission for Europe (ECE), the International Trade Centre UNCTAD/GATT, the International Atomic Energy Agency (IAEA), the United Nations Population Fund (UNFPA), the United Nations University (UNU), the World Food Programme (WFP) and the World Trade Organization, while supportive of the objectives of the resolutions, have indicated that they will not be in a position to contribute to implementation as they either considered the subject outside their area of competence or have no resources to submit contributions.

7. Following are the replies of some organizations concerned describing their current or planned activities in the field of tobacco or health.

United Nations

8. Since the early 1980s the United Nations has imposed restrictions on smoking in conference rooms and offices at United Nations Headquarters. These restrictions cover a range of measures, including (a) a total ban on smoking in small conference rooms, in shared working areas (unless the area is occupied exclusively by smokers) and in other small enclosed areas which are used periodically by staff, including restrooms; (b) discouraging smoking in the larger conference rooms and the Council chambers; (c) restricting smoking in three of the main cafeterias to 30 per cent of the lunch areas.

9. In light of the fact that these limited restrictions have not been regularly observed and that the smoking policy of the Organization has thus not fulfilled its expectations of providing a healthy work environment that is free of tobacco smoke, and given the increased awareness of the hazards of smoking, the United Nations is at present drafting new provisions on tobacco smoking that it intends to implement later this year, effective 24 October 1995. These new provisions will increase the areas in all United Nations buildings at Headquarters where smoking will be prohibited and limit those areas where smoking will be permitted. Under this policy, smoking will be prohibited in all lobbies, open areas, individual offices, cafeterias, including the staff cafe, and in hallways, stairwells, elevators and rest rooms, as well as visitor and other public areas in all United Nations buildings at Headquarters, New York. The sale of tobacco products on United Nations premises will cease. However, smoking will be permitted in small areas and usually not more than 30 per cent of the Delegates Dining Room, the Delegates Lounge, the Staff Lounge in the Secretariat lobby and the Staff Lounge in the DC-I building. This new policy is intended to enable the Organization to provide a healthy work environment for its staff free of environmental tobacco smoke (ETS) pollution. In addition, the Medical and Employee Assistance Division is intending to provide the necessary support for those staff members and delegates who would like to quit smoking.

10. Since the former Centre on Transnational Corporations was transferred to UNCTAD in 1994, the suggestion has been made that the new UNCTAD Division on Transnational Corporations and Investment should undertake a study on the role of multinational tobacco companies in the global expansion of tobacco consumption, particularly in developing countries and countries in economic transition. The UNCTAD secretariat would consider such a request subject to the availability of the required resources.

11. The Statistical Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat has continued the activities developed in previous years in the sector of tobacco or health. Its continued close collaboration with WHO has focused on the compilation and dissemination of statistics on tobacco production, consumption and trade, and the incidence of smoking. Data on this issue are published in the Statistical Yearbook, in the Compendium of Social Statistics and Indicators and in the Industrial Statistics Yearbook. The Division will maintain these activities but does not currently plan to broaden them. In particular, it does not consider it

to be within its competence to contribute to the preparation of national plans of action for tobacco control.

The Food and Agriculture Organization of the United Nations (FAO)

12. FAO reaffirmed its position as reflected in the previous report of the Secretary-General (E/1994/83). Multisectoral priorities would be defined to take account also of poverty and malnutrition health risks, in addition to those deriving from tobacco consumption. FAO is ready, subject to the availability of funds, to respond to the request of any member Government wishing to investigate options for diversification away from tobacco production. However, FAO has noted that, as long as demand for tobacco persists, it will be cultivated since it remains one of the most profitable crops for which legally permitted alternatives are generally not available, particularly in the drier areas where tobacco is grown. Experience with crop diversification away from poppy cultivation in defined areas has underlined the weaknesses of diversification efforts in situations of strong demand, which stimulate alternative supply sources. Only when demand decreases are farmers forced to grow other crops. Hence, the importance of discouraging consumption, particularly through education programmes, has been recognized. Fiscal disincentives above certain levels may augment the risk of development of alternative circuits for tobacco in the criminal sphere.

United Nations Educational, Scientific and Cultural Organization (UNESCO)

13. On the recommendation of the World Health Assembly contained in its resolution 46.8, the Director-General of UNESCO has requested the UNESCO Medical Service to plan an anti-smoking campaign with the aim of reducing and eventually ending smoking within the Organization. This campaign, which started officially on 1 October 1994, will close on 31 May 1995 (traditionally World No-Tobacco Day) with the announcement that UNESCO in the future will be a non-smoking organization. The campaign, extending over a period of more than six months, has been led by the Medical Service, which has been equipped to offer the necessary technical and human support. In particular, medical help, advice, consultations and group discussions have been made available to all smokers who might find it difficult by themselves to reduce and ultimately stop smoking at the work place.

Universal Postal Union (UPU)

14. As a contribution to the objectives of WHA resolution 46.8 and Economic and Social Council resolution 1994/47, the Director-General of UPU has invited its personnel not to smoke in offices, conference rooms, elevators and no-smoking areas of its cafeteria and restaurant. Delegates are also advised not to smoke in conference rooms.

United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)

15. UNRWA has declared all its offices at the Vienna Headquarters smoke-free areas. Smoke-free rooms were extended also to Headquarters in Amman and to field offices. Smoking has been banned at all meetings and conferences and

inside clinics, school premises, etc. UNRWA has circulated Economic and Social Council resolutions 1993/79 and 1994/47 and the report of the Secretary-General on tobacco or health (E/1994/83) to all its medical and health education staff in the five fields of its area of operation, for use in anti-smoking campaigns.

The World Health Organization (WHO)

16. WHO continued to support countries in the development of national tobacco control programmes and direct assistance was provided to WHO regional offices (for Africa, Europe and the Western Pacific). Regional advisers on tobacco or health issues in all regions have continued to provide support to Member States in strengthening their national programmes. Among other WHO activities in the area of tobacco or health are the following:

(a) WHO co-sponsored the Ninth World Conference on Tobacco or Health, held in Paris in October 1994;

(b) Two new collaborating centres on tobacco or health were designated: (i) the Department of Cancer Control and Epidemiology, Sklodowska-Curie Cancer Centre and Institute of Oncology, Warsaw, Poland; and (ii) the Clinical Trial Service Unit and Epidemiological Studies Unit, University of Oxford Oxford, United Kingdom;

(c) World No-Tobacco Day was celebrated in all Member States around the theme "The media and tobacco: getting the health message across";

(d) Research was conducted on the economics of tobacco, and its results were used in the preparation of the advisory kit and press kit for World No-Tobacco Day, 1995;

(e) Data on tobacco production, consumption and trade, prevalence and health effects of tobacco use, and national tobacco control activities, have been systematically collected by WHO from all Member States, and the first report is being prepared for publication;

(f) The WHO quarterly newsletter Tobacco Alert continued to be a successful tool for promoting public awareness on tobacco or health issues;

(g) WHO is working closely with the United Nations focal point on multisectoral collaboration on tobacco or health, the International Civil Aviation Organization, the International Olympic Committee, the World Bank and non-governmental organizations with the aim of facilitating multisectoral collaboration on the WHO Tobacco or Health programme.

World Bank

17. The World Bank has cooperated with WHO in developing an anti-tobacco programme. It has adopted a new policy on tobacco, which can be summarized as follows:

(a) The World Bank activities in the health sector discourage the use of tobacco products;

(b) The World Bank does not lend directly, invest or guarantee investments or loans, for tobacco production, processing and marketing. It, however, takes into account the situation of a few countries which are dependent on tobacco as a source of income and foreign exchange earnings;

(c) The World Bank does not lend indirectly for tobacco production activities;

(d) The contribution of the World Bank to anti-tobacco activities is made at the international and national levels.

18. At the country level, the World Bank's support for anti-tobacco activities is provided through sub-components (often related to larger public health objectives) in country lending. Because the Bank projects tend to be large and complex, the anti-tobacco efforts can be obscured. The efforts are nevertheless significant. For example, some recent projects that contain anti-tobacco elements as part of public health promotion, training or other activities include those in Hungary, Estonia, Poland, Romania and China. Subcomponents of these projects support public health strategic planning and policy formation, development of a national cancer strategy, research, epidemiological data collection and a demonstration programme for adult chronic disease, as well as direct development of anti-smoking programmes and campaigns. The World Bank country-specific efforts also include sector work, which can form the basis for a policy dialogue on adult health and risks behaviour and thus contribute to the development of an anti-smoking strategy and, eventually, a related component in a Bank project. Some excellent examples of sector work related to adult health and smoking are to be found in China, Brazil and Chile.

19. At the international level, the World Bank liaises with other donor agencies, participates in international meetings and workshops, and has conducted policy research. The research findings of the World Bank have demonstrated that the world tobacco market produces an annual net economics loss of many billions of dollars. The 1993 World Development Report: Investing in Health emphasizes anti-tobacco interventions as an essential component of a cost effective package of health services.

United Nations Conference on Trade and Development (UNCTAD)

20. The Commodities Division of UNCTAD has prepared a study entitled "Economic role of tobacco production and exports in countries depending on tobacco as a major source of income". This study reviews tobacco production, exports and export earnings by some countries and identifies those developing countries which depend on tobacco as a major source of income. It then analyses the economic role of tobacco production and manufacturing in those developing countries, compares returns on tobacco with those of alternative crops and investigates dependence on tobacco in this context. Finally, the study presents some conclusions and recommendations, while noting that much further study and development efforts are needed on alternatives to tobacco production and trade. In the preparation of the study, the World Bank, FAO and WHO were consulted, as was the International Tobacco Growers Association (ITGA), a non-governmental organization established to promote and develop the common interests of tobacco growers organizations around the world.

B. Summary of exchanges of correspondence and direct contacts with other intergovernmental organizations

21. In addition to the correspondence and contacts with the above-mentioned organizations and bodies of the United Nations system, the focal point has continued and deepened contacts with relevant intergovernmental organizations approached during the first year of its activities. Thus, it contacted by mail, facsimile and reminders all 30 intergovernmental organizations mentioned in the previous report of the Secretary-General (E/1994/83), requesting up-to-date information on their activities related to the implementation of Council resolutions 1993/79 and 1994/47. In general, the organizations concerned reaffirmed their strong support for the work of the focal point, noted with great interest the action taken by the Economic and Social Council and confirmed the terms of their previous contributions detailed in the first previous report of the Secretary-General. The following additional contributions are worthy of particular attention.

22. The Arab Bank for Economic Development in Africa (BADEA) reported that, since the inception of its activities in 1975, it has not participated in financing any tobacco-related project and that its lending policy is to encourage food security projects in the agricultural sector and those projects which tend to improve the life of the inhabitants economically and socially. In its reply, BADEA indicated that "it is therefore clear that BADEA can only intervene in financing productive projects and has nothing to do with production of tobacco or the rationing of its consumption".

23. The Commission of the European Communities continues the implementation of its "Europe Against Cancer" programme, as described in the first report of the Secretary-General (E/1994/83). In addition, the Commission has indicated that the conclusion of that report - that the production and consumption side of the issue of tobacco have to be tackled simultaneously - was to some extent taken into account in the approach adopted by the European Union. Thus, in 1992, for example, the Council of the European Union established a fund for information and research concerning tobacco. This fund is composed of a maximum of 1 per cent of the premium paid to tobacco producers and will be used for (a) improving public, and in particular young people's, knowledge of the harmful effects of using tobacco in any form and the opportunities available for preventing them, by means of health information and education; and (b) steering tobacco production towards the least harmful varieties, qualities and products, particularly by means of appropriate cultivation and drying methods, practices restricting the use of plant health products, and the introduction of new varieties. The fund will be complementary to other existing expenditure under the "Europe Against Cancer" programme and the medical research programmes. As regards limitation of consumption, the Council of the European Union has already adopted resolutions on smoking in public places, and the Commission has proposed a directive on tobacco advertising, which is currently being examined by the other European Union institutions.

24. The Organization of African Unity (OAU) held in 1994 an inter-agency consultative meeting which discussed the issue of tobacco or health. In April 1995, OAU convened the Conference of African Ministers of Health, which also included for consideration an item on tobacco or health.

C. Summary of exchanges of correspondence and direct contacts with non-governmental organizations

25. The focal point has continued its work with the non-governmental organizations contacted during the first year of its activities. In addition, it wrote to 15 more non-governmental organizations in consultative status with the Economic and Social Council. Some of their replies are summarized below.

26. The Ninth World Conference on Tobacco or Health. Under the auspices of WHO, the International Union against Cancer, the International Union against Tuberculosis and Lung Disease, the International Society and Federation of Cardiology, the International Union for Health Promotion and Education, the International Organization of Consumers Unions, and a number of other international and national non-governmental organizations, almost 2,000 participants met in Paris from 10 to 14 October 1994, at the Ninth World Conference on Tobacco or Health. The Conference dealt with a very comprehensive agenda covering all aspects of the tobacco and health problem. At its closing session, the Conference adopted a resolution in which, inter alia, it recommended an international strategy for tobacco control (see annex II). Another resolution called on the World Health Organization to initiate action to prepare an international convention on tobacco control to be adopted by the United Nations. The Ninth World Conference also accepted the invitation of the Government of China to organize the Tenth World Conference on Tobacco or Health in Beijing in 1997. At its ninety-fifth session, the Executive Board of the World Health Organization considered this proposal and referred a draft resolution on the subject to the forty-eighth session of the World Health Assembly (May 1995).

27. The Asian Consultancy on Tobacco Control informed the focal point of its role as a coordinating organization to facilitate the sharing of information, experience and expertise on tobacco control among countries in the Asia Pacific region. One of the major concerns of the Consultancy is countering transnational tobacco companies in developing countries. The organization has accumulated extensive experience in working with national Governments and health organizations in Asia, as well as in developing comprehensive tobacco-control policies and laws, particularly in China, Hong Kong, Indonesia, Japan, the Lao People's Democratic Republic, Mongolia, the Philippines, Singapore, Thailand and Viet Nam. The Consultancy is working in close collaboration with WHO, the International Union against cancer and the World Bank, as well as the ministries of health and non-governmental organizations in individual countries concerned.

28. The Association africaine d'éducation pour le développement is ready, subject to the availability of funds, to organize national and international seminars to increase awareness of populations on the subject of tobacco or health. Its bulletin Famille & Development is available to publish articles on tobacco control.

29. The European Medical Association for Smoking or Health (EMASH) has increased the size of its network of doctors and health professionals and now numbers 620 active members. Twenty-eight European countries are represented in EMASH. During 1994, EMASH conducted pedagogic missions to Italy, Romania, Spain and Turkey. Many EMASH members have undertaken studies on the impact of smoking

in their countries and the results of some of these surveys have been published in the EMASH Newsletter, which is issued periodically. EMASH continues to work in close cooperation with WHO, the Federation française de cardiologie, the International Federation of Dental Hygienists (IFDH), the Institute for Tobacco Studies (ITS) and the European Respiratory Society.

30. The International Council of Jewish Women (ICJW) encourages its affiliates to support programmes of research, prevention, treatment, rehabilitation and education for the problems of drug, alcohol and tobacco abuse and addiction.

31. The aim of the International Networks Towards Smoke-free Hospitals (INTSH) is to support world-wide action to promote smoke-free health service premises. To this end, the Network is represented at nearly all major international smoking and health conferences in order to (a) promote the concept of smoke-free health-care premises; (b) study the prevalence of smoking among doctors and promote the concept that health professionals should not smoke; and (c) promote smoking cessation activities in health-care centres. INTSH liaises with other major non-governmental organizations in smoking prevention activities. Among them, the International Union against Tuberculosis and Lung Disease, the International Union against Cancer, the International Council on Alcohol and Addiction, the International Society and Federation of Cardiology, the European Medical Association on Smoking and Health, and the International Commission for the Prevention of Alcoholism and Drug Dependence.

32. The International Federation of Red Cross and Red Crescent Societies is currently strengthening its programme in the area of tobacco or health.

33. The International Olympic Committee opposes any advertisement during the Olympic Games. Neither is smoking allowed at the Committee's meetings. Tobacco-free zones are implemented by the organizing committees of the Olympic Games, and smoking will not be allowed on Olympic sites during the Atlanta Centennial Games in 1996.

34. The International Union against Cancer (UICC) has organized or participated in the UICC Tobacco Control in Africa Strategy Meeting, the meetings of the Latin American Coordinating Committee on Smoking Control (CLACCTA), the Ninth World Conference on Tobacco or Health; the UICC Tobacco Control Workshop, the No-Smoking Day Evaluation and the UICC Tobacco Control Advocacy Training Workshop in India. Its future activities for 1995 include several tobacco control workshops and sessions. The Union will also participate at the Sixth National Conference on Tobacco or Health (Guangdong, China) and at the Fourth Asia/Pacific Conference on Tobacco or Health. Moreover, it continues to contribute articles for the International Agency on Tobacco or Health Newsletter as well as for the Tobacco Control Journal.

35. The activities of the World Federation of Public Health Associations (WFPHA), which is composed of multidisciplinary national public health associations from industrialized and developing countries around the world, are concentrating on the promotion of personal and community health by supporting the establishment and development of societies of public health, facilitating the exchange of information, experience and research; and advocating policies, programmes and practices that improve public health. The Federation has strong

positions in many countries to raise the issues of tobacco or health through public education, technical consulting and advocacy activities, and it stands ready to collaborate with the focal point in its activities.

36. The World Organization of the Scout Movement has informed the focal point that many Scout associations have developed educational programmes for tobacco-free societies. They are promoting activities for sensitizing public opinion by providing practical information, by producing Scout awards (badges) and by celebrating the No-Tobacco Day. The above efforts need to be strengthened, expanded and sustained but technical and financial support is needed. In this regard, the Federation widely distributed the previous report of the Secretary-General on tobacco or health to its member organizations.

37. World Vision International has continued to provide information to its recipients and beneficiaries through its 6,500 projects around the world on the harmful effects of tobacco. It has especially been targeting the protection of pregnant women, young children and young adults. All its offices and workplaces have been declared smoke-free. The organization welcomes the initiative to prepare an international convention on tobacco control. It continues publishing its official magazine, which has subscribers in 95 countries around the world.

38. The International Agency on Tobacco or Health has continued to provide a regular flow of information on tobacco control issues to different countries, particularly through the publication of its monthly information bulletin. The Agency has prepared comments on the desirability of an international convention on tobacco control.

39. The Institute for Tobacco Studies of the International Council on Alcohol and Addictions (ICAA) has advised the focal point that the coordination of activities on the implementation of multisectoral collaboration on tobacco or health should start not from the position of various agencies but from an overall analysis of the goals to be attained with regard to minimizing health impairment by tobacco consumption and at the same time optimizing the social and economic conditions related to tobacco consumption and trade. The Institute is ready to supply continued input to the work of the focal point based on the experiences of the experts of its Tobacco Dependence Section.

D. Contacts with Member States

40. As indicated above, the focal point has contacted, in the first instance, 139 Missions to the United Nations Organizations at Geneva, informing them about the latest decision of the Economic and Social Council in the area and requesting information on their national policies pursuant to the objectives of Economic and Social Council resolutions 1993/79 and 1994/47. The replies essentially consisted of information on national tobacco control policies, which usually dealt with matters of concern to the ministries of health, interior, education and welfare, economy and finance.

41. The 55 replies received so far from Governments may be grouped into the following three general categories.

1. Developed countries

42. Some of the countries of this category have a long tradition of tobacco consumption, having experienced its full negative health impact over many decades. In these countries, as a result of growing public concern over the inherent problems, supported by medical and scientific evidence on the extent of the tobacco pandemic, there has been a substantial trend towards the enactment of appropriate legislation and supportive public ordinances on many aspects linked to the tobacco problem.

43. For example, the Government of Australia has launched a national campaign against drug abuse which includes a ban on smoking on domestic airline flights and commuter services, a ban on the advertising of cigarettes on television and radio, a ban on smoking in buses and coaches, a smoke-free work environment policy and finally a ban on advertising of tobacco products in print media. In addition, the comprehensive strategy addresses numerous areas such as marketing - including labelling, advertising, promotion and sponsorship - taxation (regular increases in the Commonwealth excise tax levied on tobacco products to 60 per cent of the retail price), national education and information strategies, measures to control passive smoking and the introduction of cessation services. Australia has also studied the long-term economic costs of drug abuse and has evaluated them at over $A 14 billion a year.

44. Canada has put in place a very comprehensive programme of action for the years 1996 to 2000, setting objectives and goals to be achieved. The main aim of the programme is prevention - that is, to help non-smokers stay smoke-free, cessation (to help smokers to quit) and protection of non-smokers. The means used to reach the objectives are numerous. The actions planned for legislation concern health-warning regulations, advertising and sponsorship bans, purchase-point limitations and the restriction of smoking in public places. Other actions concern the field of education and scientific research. They include, inter alia, plans, actions and initiatives related to information, availability of services and programmes for tobacco control, anti-tobacco message promotion, support for citizens' action to reduce tobacco use, intersectoral policy coordination to ensure coordination among departments at all levels of government and, finally, development of research and knowledge concerning all aspects of prevention and cessation of tobacco consumption.

45. The Government of the Netherlands has the objective of a 50 per cent reduction of the number of smokers by the year 2000, as well as a substantial decrease of passive smoking. For this purpose, it utilizes four policy instruments: campaigns for non-smoking, self-regulation of tobacco advertising, taxation and regulation through the Tobacco Act, and decrees. The Tobacco Act, adopted in 1988, requires: (a) the description of the composition of tobacco products on the package, plus a health warning; (b) a ban on tobacco advertising on radio and television; (c) the prohibition of selling/supplying tobacco products in institutes of health care, social services, sports, social and cultural works and education; and (d) the prohibition of the use of tobacco products in public buildings, institutes, services and companies ruled by the State.

46. A new and much stricter tobacco advertising code, including several specific media bans (billboards, cinemas, etc.) has been enforced by the tobacco industry since 1 June 1994. In combination with this, a change in the Tobacco Act and a decree to reduce tobacco advertising is being prepared. The Government of the Netherlands recognizes that there is, to some extent, a dichotomy in its tobacco policy, as the Dutch production and export of cigarettes had risen considerably during the 1980s, and advertising spending had increased substantially in recent years.

47. The United Kingdom of Great Britain and Northern Ireland has developed a very detailed plan of action to achieve the "health-of-the-nation" targets on smoking. This plan describes the health impact of tobacco use on smokers and non-smokers and establishes very precise targets to improve the nation's health. Thus, by the year 2000, the country expects to reduce the prevalence of cigarette smoking in men and women aged 16 and over to no more than 20 per cent, reduce the consumption of cigarettes by at least 40 per cent, and reduce smoking prevalence among 11-15 year olds by at least 33 per cent.

48. The strategy to achieve these targets is based on action in five main areas. The first area concerns price and other factors affecting the accessibility of tobacco products. The Government has given a long-term commitment to increase the real level of tobacco duties by an average of 3 per cent a year in future budgets. The second is related to increasing awareness of the health risks and providing support to smokers who want to give it up. Smoking education is a statutory requirement in the national curriculum for schools. Existing national programmes on teenage smoking and smoking during pregnancy will be continued and, where possible, expanded. Another action area is ensuring effective controls on advertising and promotion. Advertising of cigarettes on television has been banned since 1964 and the ban was extended to all tobacco products in 1991. The Government has controlled other advertising and promotional activities through voluntary agreements with the tobacco industry. The fourth area includes activities protecting non-smokers from passive smoking. The Government has adopted measures relative to smoking in public places, workplaces, government departments and local authorities. A final, fifth, action area is improving scientific understanding of the risks from tobacco and reducing the harm from tobacco products.

49. The policy on tobacco or health in the United States of America is conducted by the Office on Smoking and Health of the Department of Health and Human Services. Among the major activities of the Office are the following:

(a) Development and distribution of the annual Surgeon-General's report on smoking and health and other reports;

(b) Coordination of the national public information and education programme on tobacco use and health;

(c) Conducting public service campaigns for adults and young people;

(d) Coordination of tobacco education and research efforts;

(e) Ensuring an appropriate surveillance system of tobacco use in the country;

(f) Maintenance of a database of about 40,000 articles on tobacco and health and a collection of all major national surveys sponsored by the Government that include questions on tobacco use;

(g) Liaising with state and local government agencies, health departments, professional organizations and voluntary health organizations, such as the American Cancer Society, the American Health Association and the American Lung Association.

50. Norway, in addition to the existing regulation on tobacco control (i.e. a ban on tobacco advertising and health warnings), has recently adopted an "Action plan for Tobacco-free Norway 1994-2000", which includes goals and actions with time deadlines. This plan proposes long-term action giving priority to the prevention of tobacco consumption. Its first goal is to prevent adolescents from beginning to smoke. Actions which should aim at changes in attitudes and behaviour of children and adolescents are addressed to parents and young people. They include prohibition of the sale of tobacco to children and many education-related projects. The second goal of the plan is to promote smoke-free workplaces. The third goal is the protection of non-smokers, which could be achieved by an increase in the number of public places declared smoke-free. Finally, the plan includes action on the price of tobacco products through taxation. By 1996, tobacco prices should be removed from the national consumer price index. In addition to this plan, the Ministry of Education has taken initiatives to prevent tobacco consumption, especially among youths. Particularly noteworthy is the "Action plan for smokeless schools" launched in 1993, which addresses pupils and students, as well as a project called "Stay smokeless" directed towards young people aged 13 to 16.

51. Sweden initiated its programme of tobacco control in the 1950s. Its current policy is contained in the 1993 Tobacco Control Act, which prohibits advertising of tobacco products, including advertising in the press, imposes warnings and regulations on packages of tobacco products and contains various provisions on smoking in public places. Thus, apart from designated smoking areas for adults only, smoking is banned in schools. It is also banned on health-care premises, in public transport, on premises used for public meetings or events, and in public places such as cinemas, theatres and shops. To improve working conditions, employers have to protect employees from exposure to tobacco smoke against their will.

2. Developing countries

52. This category includes a large number of developing countries in Africa, and most of Asia and Latin America, where tobacco use is relatively less widespread among the population. However, according to WHO and World Bank estimates, it is precisely in this group of countries that the risks associated with tobacco consumption will be the highest in the future. Thus, according to these estimates, while in 1994, tobacco consumption was responsible for 3 million deaths, of which 2 million were in the developed countries, the

expected figure for 2025 is 10 million deaths per year, of which 7 million will be in the developing countries. The trend is expected to accelerate in the foreseeable future, in view of the present rate of growth of world tobacco consumption of 2 per cent per year.

53. The situation in Africa illustrates the problems faced by developing countries as a whole. According to FAO research, the estimated annual increase in consumption in the developing world between 1985 and 1990, was 3.4 per cent, while for Africa it was 2.4 per cent. However, for the period 1995-2000 these rates of annual growth have been estimated at 2.7 per cent for the developing world and 3.2 per cent for Africa, with a slightly negative growth rate in the developed world. However, the replies received from African Governments allow some optimism. Among the more advanced sub-Saharan countries, led by South Africa, Botswana and Mauritius, the damaging health effects caused by tobacco are strongly recognized. This has led to bans on tobacco advertising, bans on smoking in many public places and health institutions and educational campaigns in schools and the media against tobacco consumption.

54. The Kingdom of Jordan has adopted a comprehensive strategy to control tobacco consumption, which includes the prohibition of smoking in public premises and an interdiction to print, display or publish any advertising promoting any type of tobacco or to distribute any printed material designed to familiarize people with such products. The Minister of Health has determined the form and wording of the label to be affixed to cigarette packets.

55. The anti-smoking strategy of Jordan also includes the prohibition of the import of all types of foreign cigarettes and the gradual imposition of taxes and duties on locally manufactured products. The Government revenue from manufacturing cigarettes is of a provisional nature, since the State is disbursing it in the form of therapeutic health services and payments in respect of sick leave and lost working time resulting from the effects of smoking on the public health. In addition, Jordan is engaged, through an Arab legislative instrument approved by the Council of Arab Ministers of Health in 1993, to refrain from expanding the cultivation, manufacture and trade of tobacco and its derivatives.

56. The authorities of Oman and of Qatar have adopted very similar comprehensive policies to combat smoking and to limit its dangers. These policies include, inter alia, the following measures: prohibition of cigarette and tobacco advertising on radio and television, health warnings on cigarette packs, a reduction of maximum nicotine and tar content in cigarettes, an increase in customs duty to 50 per cent, production of posters and pamphlets to stimulate public awareness of the dangers of smoking, incorporation of information concerning the dangers of smoking in educational curricula, allocation of seats for smokers on national airlines, prohibition of smoking on short and internal flights, prohibition of the sale of cigarettes on board national aircraft, prohibition of smoking in certain public places such as hospitals and schools, and local, regional and international symposiums to combat smoking. In addition, the Government of Oman informed the focal point that the competent authorities, represented by the Ministry of Health, had set up a National Committee against Tobacco. As a result of the efforts and actions of the Committee, the eighth Conference against Tobacco of the States of the

Gulf Cooperation Council was held in Muscat in 1994. Following a recommendation of the Committee, the Conference has decided to ban smoking in public institutions.

3. Newly industrialized countries and countries in economic transition

57. The replies received from newly industrialized countries and countries in economic transition, such as Argentina, Belarus, Croatia, Cyprus, Indonesia, Israel, Kazakstan, Mexico, Mongolia, the Republic of Korea, the Russian Federation, Singapore, Slovakia, Ukraine and Thailand, show a growing concern about the health risks associated with tobacco consumption. They describe the adoption of legislation and administrative ordinances in the areas of public information, including special attention to high-risk groups such as the young; fiscal measures to discourage tobacco consumption; advertising bans in newspapers, radio and television; regulations on label forms and words placed on cigarette packets; and the production of posters and informative pamphlets to stimulate public awareness of the dangers of smoking, addressed in particular to educational and health care organizations.

58. The situation with regard to smoking in Belarus, for example, has given rise to extreme concern. This has prompted the formulation of national, State-wide and international programmes to reduce tobacco consumption. In addition to administrative, legislative, sanitary and educational efforts to take account of the nature of nicotine addiction, the range of measures include medicinal forms of treatment and prevention methods. The Ministry of Health has taken institutional measures and is pursuing research, treatment and prevention activities to control smoking.

59. In Cyprus, actions for the abatement of the smoking habit have been undertaken both by the Government and by voluntary organizations over a period of many years. The efforts are now directed towards the consolidation of all these ad hoc activities into a national plan of action. Existing policies include: (a) smoking control legislation, namely, control of advertising, health warnings, prohibition of sale to minors, prohibition of cigarette vending machines, prohibition of smoking in many public places, and limitation of tar and nicotine value per cigarette; (b) information to the public through the mass media, events and posters; (c) education of various target groups, mainly schoolchildren and pregnant women; and (d) data collection on the prevalence of smoking.

60. The Government of Indonesia has taken actions and initiatives in the field of tobacco or health congruent with the Economic and Social Council resolutions on the subject. It is in full agreement with the multisectoral approach to be used nationally, regionally and world wide in dealing with this matter. Indonesia has embarked on a major campaign to stop smoking, coordinated by the Department of Health. This campaign is targeting the population at large, and in particular young people, to prevent them from "getting into the habit". The health hazards associated with use of tobacco are widely publicized, and broad attempts have been made to stop smoking in public places; smoking in schools is prohibited.

61. Israel, in addition to a national survey on smoking habits among young adults, adopted several new measures during the year 1994. Thus, the Ministry of Health proposed to amend the law restricting smoking in public places, by including restrictions on smoking in the workplace. The bill was approved by the Parliament (Knesset) and entered into effect on 19 October 1994. The excise tax on cigarettes has been significantly increased. In 1994, the taxes on imported brands were increased by 10 per cent causing a price increase of 6.5 per cent. A private bill calling for the banning of cigarette advertising in all newspapers was submitted to the Parliament; unfortunately, it failed to gain the approval of the Knesset Committee for Economic Affairs. In 1993, a "Forum on Smoking Prevention" was established, which includes, inter alia, representatives of the Ministry of Health, the Ministry of Education, the Civil Service Commission, the Police, the Army, the Israel Cancer Association and the Israel Society for the Prevention of Smoking. During 1994, the Forum coordinated several activities and campaigns for the prevention of smoking.

62. In addition to the above activities, experimental smoking prevention programmes in hospitals and restaurants have been launched by the Department of Health Education at the Ministry of Health. A special project on World No-Tobacco Day 1994 was carried out. Finally, smoking prevention programmes have been integrated into the activities of the Israeli network of Healthy Cities.

63. The Republic of Korea has adopted special policies in the area of smoking control. In particular, health warnings must appear on each package of cigarettes, and cigarette vending machines are banned in certain places. Cigarette advertising and promotional activities for tobacco products are strictly regulated and only authorized in certain conditions. The tobacco consumption tax was established in January 1989 as a local tax to reinforce the finance of local governments.

64. The Government of Singapore introduced measures on tobacco control in the 1970s. Since then, Singapore has developed one of the most exhaustive national smoking control programmes in the world. It contains provisions on smoking restrictions at work and in public places, legislation banning cigarette advertising on television, radio and in printed materials, increasing the tax on imported and locally produced cigarettes, restrictions on the sale of cigarettes containing more than a specified quantity of tar and nicotine, regulations on health warnings on packages of tobacco products sold in Singapore, publication of documents to assist smoking cessation and of programmes for doctors to educate their patients about smoking, prohibition of the sale of any tobacco product to persons below the age of 18, prohibition of smoking for any person below the age of 18 in a public place, prohibition of vending machines, and prohibition of smokeless tobacco products. By adjusting policies similar to that of the most advanced countries, Singapore has achieved one of the lowest rates of smoking in the world. The smoking rate has declined from about 23 per cent in 1977 to a low of 14 per cent in 1984. However, it subsequently increased to 17 per cent in 1991 and 18 per cent in 1992.

65. The Government of Mongolia has adopted legislation on combating the harmful consequences of smoking, which entered into force on 1 January 1994. The law bans the production of tobacco within Mongolia other than with the Government's

consent, regulates the content per cigarette of harmful substances such as nicotine and tar, prohibits smoking on all types of public transport and in public places, prohibits the creation of conditions conducive to smoking by juveniles and bans the sale of cigarettes to them. Mongolia has cooperated actively with WHO in this area since 1991. However, according to Mongolian authorities, tobacco-control activities are still not at the desired level due to the lack of specialists and the funds needed.

66. The Government of Slovakia has enacted several laws which include the prohibition of selling tobacco products to people younger than 16, restriction of smoking in hospitals and schools, cultural, sport and other public areas, the placement of health warnings on tobacco products and the establishment of a ban on tobacco advertising. The Government of Slovakia is in the process of preparing a new tobacco tax act which will introduce higher taxes, ban the selling of cigarettes individually and restrict the places where tobacco products can be sold.

E. Other replies from government bodies

67. In addition to contacts with Governments through their Permanent Missions in Geneva, since February 1995 the focal point has written to 121 ministers of health, 177 ministers of education and 30 national committees of UNICEF. A large number of replies have been received and continue to be received by the focal point, providing a wealth of new information which needs to be consolidated and analysed.

Additional information collected at the regional level

68. Over and above the contacts developed with the intergovernmental and non-governmental organizations mentioned above, the focal point has established direct contacts with existing information networks operating throughout the world. In particular, the focal point contacted the six WHO regional offices of South-east Asia, the Americas, the Western Pacific, the Eastern Mediterranean, Europe and Africa, requesting information about their ongoing and planned activities in the area of tobacco or health and asking for their comments on how to reinforce support to countries which need assistance in setting up their national plans of action to control tobacco consumption. The following are extracts from some of the replies received by the focal point:

> The South-east Asian Regional Office has continued to play a strong advocacy role for tobacco control and intersectoral action for demand reduction. The Office has assisted the Ministry of Health of India in drafting comprehensive tobacco control legislation, which was then submitted to the Parliament for adoption. A similar initiative is in preparation in Mongolia. In addition, a good part of the WHO role in the South-east Asia region has been one of addressing intrasectoral collaboration, including harnessing the collaboration of various medical specialities to support tobacco-control activities, especially those concerned with cancer and cardiovascular diseases.

The Regional Office for the Eastern Mediterranean (WHO/EMRO) stated that the World No-Tobacco Day is celebrated widely in the region every year. A large number of governmental and non-governmental organizations participate actively in the tobacco or health activities. During 1994, WHO/EMRO technically and financially supported many national workshops and seminars in its member States. EMRO member States have continued to issue decrees banning smoking in public places and governmental offices, and several national airlines in the region have banned smoking on their domestic flights. A consultative Meeting on Developing Guidelines for Tobacco or Health Policy was held in Alexandria in May 1992, which developed guidelines for a comprehensive policy and programme for countries in the region, approved a strategic plan for tobacco or health and developed a plan of action. Laws to limit tar and nicotine yields have been enacted in Egypt, Kuwait, Oman, Bahrain, Qatar, Saudi Arabia and the United Arab Emirates. Cigarettes containing more than 12 mg of tar and 0.8 mg of nicotine have been banned in the Persian Gulf States. The Regional Office will continue to prepare and disseminate health education material on smoking hazards and the need for its control, to support Member States technically and financially in conducting research on the impact of tobacco production on the economy of tobacco-producing countries, as well as the impact of tobacco consumption on health. It will continue to assist and support member States in developing national plans of action in the areas of intersectoral cooperation on tobacco or health. The Office is ready to provide the United Nations focal point with information on all programmes, activities and legislation in member States of the Eastern Mediterranean.

69. The Regional Office for Africa (AFRO) has provided information on the activities undertaken by the Office in Africa during the period 1990-1994. They include, inter alia, the appointment of focal points in all the member States to manage their tobacco control programme, the celebration of the World No-Tobacco Day, convening the All Africa Conference on Tobacco Control (November 1993) and carrying out a survey in 44 member States in 1993 to collect data on the tobacco situation (production, manufacture and trade, consumption and abuse, mortality and morbidity, taxation policies).

70. Finally, the focal point contacted the eight regional coordinators of the International Union against Cancer for the following subregions: South-Saharan Africa, the Middle East, North America and the Caribbean, Latin America, Asia/South-west Pacific, Asia/North Pacific and Japan, the SAARC Region (South Asia) and Europe. Through these coordinators, the focal point has established direct access to the large network of member organizations and national coordinating groups of the International Union against Cancer, on all matters related to the tobacco problem.

III. STATE OF IMPLEMENTATION AND CONCLUSIONS

71. Over the period under review, the focal point has increased substantially its contacts with Governments, intergovernmental and non-governmental organizations, a process which helped increase awareness of the global coordinating role of the United Nations focal point on tobacco or health, and

the objectives and activities envisaged by Economic and Social Council resolutions 1993/79 and 1994/47. At the time of submission of this report, the task has been accomplished: every organization and Government is now aware of the objectives and purposes of this Council initiative.

72. Furthermore, this outcome has been achieved despite serious financial constraints, as so far only UNCTAD has contributed resources for the implementation of the Council resolutions. Thus, in keeping with the provisions of paragraph 2 of Council resolution 1994/47, in which the Secretary-General is requested to seek voluntary technical and financial contributions, under the sponsorship of the Department for Policy Coordination and Sustainable Development, a consultation was held at United Nations Headquarters in March 1995, with the participation of several donor Governments, to consider a project proposal submitted by the focal point. This project proposal has been distributed to other potential donor Governments and technical cooperation organizations, including UNDP. Among other initiatives, the project has also been submitted for consideration by the Bellagio (Italy) consultation of donors, scheduled for June 1995, sponsored by Health Canada, the International Development Research Center of Canada and the Rockefeller Foundation.

73. In terms of implementation, all the provisions of Council resolution 1993/79 have been dealt with. Thus, in compliance with paragraph 4 of the resolution, the focal point was established at the end of 1993, and all activities envisaged under operative paragraphs 2, 3 and 4 have been successfully completed or initiated.

74. Pursuant to paragraphs 5 and 8 of Council resolution 1993/79, the focal point has established close contacts with organizations and agencies of the United Nations system and other organizations, with a view to coordinating support, as required, among interested Member States in the development and implementation of national tobacco control policies. Noteworthy in this regard is the long-standing contribution of the World Health Organization, the American Cancer Society and other non-governmental organizations, such as the International Union against Cancer, the International Union against Tuberculosis and Lung Disease, the International Society and Federation of Cardiology, the International Union for Health Promotion and Education, the International Organization of Consumers Unions, the World Federation of Public Health Associations, the Latin American Coordinating Committee on Smoking Control, the Asian Consultancy on Tobacco Control, the Tobacco Control Commission for Africa and many others.

75. With regard to the issue of assistance to countries in developing their national plans of action on tobacco control, the replies received have demonstrated that in some developed countries Governments and non-governmental organizations have for several years promoted the concept of five-year plans for tobacco control; these lay down the objectives and actions envisaged to reduce tobacco consumption in general and to stop the young and other high-risk population groups from taking up smoking or ingesting tobacco in other forms.

76. Several developed countries have adopted or are in the process of formulating five-year action plans for tobacco control. Leading these are the five-year plans of action through the year 2000 adopted by the Governments of

Canada, Norway and the United Kingdom. Similarly, WHO is now in the process of developing its five-year plan of action on tobacco or health for the period 1996-2000, which will continue the work started with the agency's first plan for the period 1988-1995.

77. Furthermore, the focal point has contacted other United Nations bodies, as well as intergovernmental and non-governmental organizations which had declared their readiness to provide assistance to countries, upon request, for the development of national plans of action on tobacco control, subject to availability of extrabudgetary resources, which, for the time being, have not been secured. Therefore, pending the availability of the necessary resources, the focal point hopes to draw from the experience of selected developed countries, WHO, UNESCO, UNICEF, UNIDO, FAO, UNCTAD and other organizations, to coordinate assistance by the United Nations system to developing countries and countries in economic transition in the development and implementation of national plans of action on tobacco control.

78. Concerning paragraphs 6 and 7 of resolution 1993/79, some developing countries and countries in economic transition have expressed an interest in receiving technical support to control deforestation and abusive use of soil and water resources and for diversification possibilities and the development of other economic alternatives to tobacco agriculture. This task, by its very nature, will require a substantial amount of resources, as well as some actions at the national and regional levels. Three United Nations bodies - FAO, UNCTAD and UNIDO - have indicated their willingness to undertake research and technical support along these lines. However, such possibilities are constrained by lack of available financial resources.

79. Among the many suggestions for future action transmitted by Governments and non-governmental organizations, the following merit special attention:

(a) Assistance in the development of national plans of action on tobacco or health will require ancillary support for implementation, particularly in connection with control and enforcement. Such plans include education of the public at large and high-risk groups such as children, pregnant women and mothers, in particular, and training of health care and school personnel on the risks of tobacco consumption;

(b) The issue of information collection, exchange and dissemination, which is at the core of the functions of the focal point, is a major concern to every advocate of tobacco control. Thus, although the focal point has managed to establish a sound basis for cooperation among all concerned governmental and non-governmental organizations, the complexity of effectively continuing to expand this service will require a major investment of human and technical resources, calling for, among other things, the use of a cost-effective information management system. It is with this idea in mind that the focal point is in the process of developing a computerized interactive service on tobacco control, through the United Nations Computing Centre server in Geneva, which is the INTERNET provider for the United Nations system;

(c) The focal point should provide support in preparation for the Tenth World Conference on Tobacco and Health (Beijing, 1997);

(d) Another recurring suggestion was for UNCTAD to prepare a study on the role of transnational tobacco corporations in the world tobacco economy and their impact on present trends in demand for tobacco products in different parts of the world.

Annex I

LIST OF ORGANIZATIONS AND BODIES CONTACTED

United Nations entities and programmes

Department for Development Support and Management Services
Department for Economic and Social Information and Policy Analysis
United Nations Office at Geneva
United Nations Children's Fund
United Nations Conference on Trade and Development
United Nations Development Programme
United Nations Population Fund
United Nations Environment Programme
Office of the United Nations High Commissioner for Refugees
United Nations Relief and Works Agency for Palestine Refugees in the Near East
Economic Commission for Africa
Economic Commission for Europe
Economic Commission for Latin America and the Caribbean
Economic and Social Commission for Asia and the Pacific
Economic and Social Commission for Western Asia
United Nations Institute for Training and Research
United Nations Research Institute for Social Development
United Nations University

* * *

International Trade Centre UNCTAD/GATT

Specialized agencies/IAEA and GATT

World Food Programme
International Labour Office
Food and Agriculture Organization of the United Nations
United Nations Educational, Scientific and Cultural Organization
International Civil Aviation Organization
World Health Organization
World Bank
International Monetary Fund
International Telecommunication Union
World Meteorological Organization
World Intellectual Property Organization
International Fund for Agricultural Development
International Maritime Organization
United Nations Industrial Development Organization
Universal Postal Union

* * *

International Atomic Energy Agency
General Agreement on Tariffs and Trade

Annex II

AN INTERNATIONAL STRATEGY FOR TOBACCO CONTROL

(Adopted at the Ninth World Conference on Tobacco and Health)

Since measures to deal with the tobacco problem must be comprehensive and long term, the following individual actions should form the basis of such a strategy:

1. Legislation to ban all direct and indirect advertising and promotion of tobacco products.

2. Legislation to protect young people from tobacco promotion and sales.

3. Policies to discourage the onset and maintenance of tobacco use, including:

(a) Intensive health education and information to young people and adults;

(b) Wide availability of support for tobacco users who wish to stop.

4. Economic policies to discourage production and use of all tobacco products, including:

(a) Progressive significant increases in tax above inflation (and the growth of disposable income) and the allocation of a specific proportion of such taxes for tobacco control purposes;

(b) Action to discourage tobacco production and marketing by the abolition of all subsidies and protection for tobacco growers and the development of alternative economic, agricultural and international trade policies;

(c) Removal of tobacco from national cost-of-living indexes;

(d) Measures to control smuggling of tobacco products.

5. Effective health warnings and regulation of tobacco product packaging and such promotional material still permitted.

6. A policy for the regulation of tar and nicotine content of tobacco products.

7. "Smokefree" public policies - to protect the health and rights of people in all common environments.

8. Policies to block future marketing initiatives of the transnational tobacco industry.

9. Effective national monitoring of the tobacco pandemic and the enforcement of these tobacco control measures.